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09/05/00

In the United States Patent and Trademark Office

Box Patent Application	
Assistant Commissioner for Patents	
Washington, District of Columbia 20231	
Sir:	
Please file the following enclosed patent application papers:	
Applicant #1, Name: ELI M. NOAM	
Applicant #2, Name:	
Title: A GENERAL PACKET-BASE	ED PAYMENTAND TRANSACTION METHOD AND SYSTEM
☑ Specification, Claims, and Abstract: Nr. of Sheets 24	HETHOD AND SYSTEM
☑ Declaration: Date Signed: 8/3/ /DO	
☑ Drawing(s): Nr. of Sheets Enc.: Formal: Informal:	
☐ SED of	
☐ Assignment enclosed with cover sheet and recordal fee; please	
☑ Check for \$ 345 for:	
	ree independent claims and twenty total claims are presented).
□ \$ additional if Assignment is en	closed for recordal.
☐ Information Disclosure Statement, Form PTO-1449, and listed r	eferences.
☐ Disclosure Document Program reference letter.	
☐ Pursuant to 35 U.S.C. §119(e)(i), applicant(s) claim priority of F	Provisional Patent Application Ser. Nr
filed	
☑ Return Receipt Postcard Addressed to Applicant #1.	
Request Under MPEP § 707.07(j): The undersigned, a pro-	se applicant, respectfully requests that if the Examiner finds
patentable subject matter disclosed in this application, but feels	
Examiner draft one or more allowable claims for applicant.	
Very respectfully,	
very respectfully,	
Applicant #1 Signature	Analizada (O. Circus)
450 RIVERSIDE DRIVE #51	Applicant #2 Signature
Address (Send Correspondence Here)	Address
New York, NY 10027	
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Express Mail Label #	; Date of Deposit 200
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Box Patent Application Assistant Commissioner for Patents Washington, District of Columbia 20231	841 U.S. 09/655520
Fee Transmittal	S
	AND TRANSACTIONS ETHOD AND SYSTEM Money Order
Sir: Enclosed is the following small entity filing fee for the above patent application:	
Fee Code Fee Description F	ee (\$)
214 Provisional Pat. Appn. Filing Fee 201 Basic Utility Appn. Filing Fee	345
206 Basic Design Appn. Filing Fee	
Subtotal (1)	
203 Total Claims: 2 -20 = ; X (fee for each claim over 20) =	
202 Tot. Indep. Claims 3 =; X (fee for each indep. claim over 3) =	
Subtotal (2)	
Total Payment Enclosed [Sum of Subtotals (1) and (2)]	345
Very respectfully, Signature of First-Named Applicant	
ELI NOAM	
Print Name of First-Named Applicant	
Address Address Address Address Address	
New York, NY 10027	